Department of HUMAN SERVICES

Iowa Mental Health and Disability Services Commission

September 25, 2019

EXECUTIVE SUMMARY

Pertinent Information Regarding the Deliberations of the Mental Health and Disability Services Commission Relating to Medicaid Managed Care

Mental Health and Disability Services Commission Deliberations Summary:

January 17, 2019 - MHDS Commission Meeting
Rick Shults, Division Administrator of Mental Health and Disability Services, presented to the Commission a review of the Governor's budget that included additional money for Medicaid and reducing the Children's Mental Health Waiver waiting list.

January 17, 2019 - MHDS Commission Meeting
Mike Randol, Director of Iowa Medicaid Enterprise (IME), presented to the Commission on integrated health home review report, Intellectual Disability Waiver SCL tiered rates, process improvement working group, and an update on Iowa Total Care and changes to managed care organization contracts.

March 21, 2019 – MHDS Commission Meeting
Theresa Armstrong, Bureau Chief of Community Services and Planning, in a review of 2019 legislation presented to the Commission on the removal of the Brain Injury Waiver monthly cap.

June 20, 2019 – MHDS Commission Meeting
Marissa Eyanson, Bureau Chief of Medical and Long Term Services and Supports, presented to the Commission on United Healthcare no longer being a managed care organization and Iowa Total Care entering the state as a managed care organization.

September 19, 2019 - MHDS Commission Meeting
The Commission discussed its executive summary to the Department and the members' thoughts on Medicaid Managed Care over the previous year.

During the course of their deliberations, the Commission has heard of a number of concerns from stakeholders that remain similar to the concerns reported in 2018. The Commission is frustrated that we have not seen significant progress in the following areas and urges the Department of Human Services (Department) and MCOs continued efforts to address the following:

- Delayed and partial payments to providers
- Delayed authorization for long term supports and services
- Delayed credentialing of service providers
- Reduced lengths of stay in residential treatment have been resulting in an increased level of recidivism
- Confusion over administrative requirements for Integrated Health Homes
- Confusion over use of peer support and recovery peer support services
- Increased administrative burdens and costs for providers particularly for keeping claims alive in order to receive payment
- Understaffed mental health providers and disability services workforce due to hiring on behalf of the MCO's to launch their operations
- Inconsistent communication from the MCOs and the Department and within the MCOs
- Increased oversight during times of transition is needed
- Lack of accessibility to additional 1915(b)(3) services under the Medicaid fee-for-service system
- Increased development of quality services, including evidenced based practices is needed
- Increased community capacity to serve the most vulnerable individuals is needed
- Reduced number of out of state placements
- Lack of reimbursement to providers for same day treatment
- Inadequate service rates
- Delayed eligibility updates for individuals post incarceration on Medicaid's Eligibility and Verification Information System (ELVS) line has resulted in large recoupments for providers due to receiving inaccurate eligibility information
- Lack of a valid level of care assessment that captures the needs of individuals with a brain injury
- Continued development of services for individuals with intellectual disabilities including children is needed
- Behavioral health services have a more difficult time getting reimbursement from the MCOs than physical health services
- Procedural and financial barriers to providing integrated care